

Application Data Sheet**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	0
Number of Copies of CDs::	0
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	ANAPLASTIC LYMPHOMA KINASE ASSAY, REAGENTS AND COMPOSITIONS THEREOF
Attorney Docket Number::	2503-1169
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	0
Total Drawing Sheets::	6
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: ITALY
Status:: Full Capacity
Given Name:: LORENZO
Middle Name::
Family Name:: PINNA
Name Suffix::
City of Residence:: MILANO
State or Province of
Residence::
Country of Residence:: ITALY
Street of Mailing VIA VENEZIAN 1
Address::
City of Mailing Address:: MILANO
State or Province of Mailing Address::
Country of Mailing Address:: ITALY
Postal or Zip Code of Mailing Address:: I-20133

Applicant Authority Type:: Inventor
Primary Citizenship Country:: ITALY
Status:: Full Capacity
Given Name:: ARIANNA
Middle Name::
Family Name:: DONELLA-DEANA
Name Suffix::
City of Residence:: MILANO
State or Province of
Residence::
Country of Residence:: ITALY
Street of Mailing VIA VENEZIAN 1
Address::
City of Mailing Address:: MILANO

State or Province of Mailing Address::
Country of Mailing Address:: ITALY
Postal or Zip Code of Mailing Address:: I-20133

Applicant Authority Type:: Inventor
Primary Citizenship Country:: ITALY
Status:: Full Capacity
Given Name:: ORIANO
Middle Name::
Family Name:: MARIN
Name Suffix::
City of Residence:: MILANO
State or Province of
Residence::
Country of Residence:: ITALY
Street of Mailing Address:: VIA VENEZIAN 1
City of Mailing Address:: MILANO
State or Province of Mailing Address::
Country of Mailing Address:: ITALY
Postal or Zip Code of Mailing Address:: I-20133

Applicant Authority Type:: Inventor
Primary Citizenship Country:: ITALY
Status:: Full Capacity
Given Name:: LUCA
Middle Name::
Family Name:: MOLOGNI
Name Suffix::
City of Residence:: MILANO
State or Province of
Residence::
Country of Residence:: ITALY
Street of Mailing Address:: VIA VENEZIAN 1

Address::

City of Mailing Address:: MILANO

State or Province of Mailing Address::

Country of Mailing Address:: ITALY

Postal or Zip Code of Mailing Address:: I-20133

Applicant Authority Type:: Inventor

Primary Citizenship Country:: GREAT BRITAIN

Status:: Full Capacity

Given Name:: ROSALIND

Middle Name::

Family Name:: GUNBY

Name Suffix::

City of Residence:: MILANO

State or Province of

Residence::

Country of Residence:: ITALY

Street of Mailing VIA VENEZIAN 1

Address::

City of Mailing Address:: MILANO

State or Province of Mailing Address::

Country of Mailing Address:: ITALY

Postal or Zip Code of Mailing Address:: I-20133

Applicant Authority Type:: Inventor

Primary Citizenship Country:: ITALY

Status:: Full Capacity

Given Name:: CARLO

Middle Name::

Family Name:: GAMBACORTI PASSERINI

Name Suffix::

City of Residence:: MILANO

State or Province of

Residence::

Country of Residence:: ITALY
Street of Mailing VIA VENEZIAN 1
Address::
City of Mailing Address:: MILANO
State or Province of Mailing Address::
Country of Mailing Address:: ITALY
Postal or Zip Code of Mailing Address:: I-20133

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN
Status:: Full Capacity
Given Name:: LEONARDO
Middle Name::
Family Name:: SCAPOZZA
Name Suffix::
City of Residence:: MILANO
State or Province of
Residence::
Country of Residence:: ITALY
Street of Mailing VIA VENEZIAN 1
Address::
City of Mailing Address:: MILANO
State or Province of Mailing Address::
Country of Mailing Address:: ITALY
Postal or Zip Code of Mailing Address:: I-20133

Correspondence Information

Correspondence Customer 00466
Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/EP2004/002185	3/4/04

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
EUROPE	03005186.6	3/7/03	Yes

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::